

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		54	1041
FORMALITY REVIEW	BZ 7/1	TC3-883 875	12-06-01 3/22/02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
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BEST AVAILABLE COPY

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